

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Kearny Mesa Convalescent and Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7675 Family Circle Drive San Diego, CA 92111	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately code a resident's fall on the Minimum Data Set (MDS - a federally mandated resident assessment tool) for one of five sampled residents (Resident 2). This deficient practice placed all fall risk residents at risk for inaccurate plan of care triggers necessary for individualized safety precautions, quality measure (QM-grades clinical outcomes and physical well-being provided by the facility) calculations and reimbursement adjustments being reported to CMS. Findings: A review of Resident 1's admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses which included history of Abnormalities of Gait (walking) and Mobility, and Mild Cognitive (pertaining to memory, judgement and reasoning ability). A record review of Resident 2's Minimum Data Set, dated [DATE] indicated, a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of eight points out of 15 possible points which indicated Resident 2 had moderate cognitive deficits. A review of Resident 2's MDS dated [DATE] section J1800 regarding any falls since admission/entry was coded no for falls. A review of Resident 2's clinical chart fall assessment titled NSG: Fall Risk Evaluation, dated 6/7/26, indicated . Moderate Risk Score: 17. A review of Resident 2's fall interdisciplinary team (IDT-a coordinated group of healthcare professionals from different clinical and support disciplines who work together to plan individualized care for residents) dated 6/9/26 indicated, .@1930.Receptionist passed by room and saw resident on the floor trying to get up. Resident said he was trying to get into his wheelchair from his bed.no apparent injury. with Interventions for Resident 2 that included hourly rounds, floor/landing mats to both sides of Resident 2's bed. On 6/25/26 at 1:43 P.M., an interview and record review was conducted with the MDS nurse (MDSN). The MDSN stated that Resident 2 experienced two falls on 6/9/26 and 6/12/26; however, Section J1800 (Any Falls Since Admission/Entry or Reentry or Prior Assessment) on the MDS assessment reference dated (ARD) 6/11/26 had not been coded correctly on the MDS. The MDSN stated that Resident 2's fall should have been coded as yes because the fall on 6/9/26 had been incorrectly captured with the MDS ARD 6/11/26, which had resulted in inaccurate coding. The MDSN stated accurate MDS coding was important because it drove Resident 2's care planning, was submitted to CMS as part of Resident 2's official health record and was used to calculate Quality Measures (QM-5 star rating for a health facility). The MDSN further stated that Resident 2's MDS would need to be modified to ensure Resident 2's assessment was accurately reflected for Resident 2's fall incident and to maintain Resident 2's safety status with care planning. On 6/25/26 at 1:50 P.M., an interview and record review was conducted with the MDS Coordinator (MDSC). The MDSC stated that the MDS provided important information about each resident's (all facility residents) health status and care needs. The MDSC stated that the MDS was used to develop care plans, calculate QM, determine Medicare payment and reimbursement, and report resident (all facility residents) information to CMS. The MDSC stated Resident 2's 6/9/26 fall had not been captured on the MDS ARD 6/11/26 and stated the MDS would need to be modified and resubmitted to CMS to accurately reflect Resident 2's fall on 6/9/26. The MDSC further stated it was important for the MDS to accurately reflect Resident 2's condition because CMS relied on the information to provide a (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	complete and accurate picture of Resident 2's health status and the care that Resident 2 required. A review of Centers for Medicare and Medicaid Services (CMS, a federal agency) RAI Manual 3.0 October 2025, (Page J-35) .Section J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment. whichever is most recent .		